EXHIBIT 12

BALLOT

PLEASE COMPLETE THE FOLLOWING:

ONE E	EACON	AMERICA	INSURANCE	In re W. R. Grace & Co., et al.
COMPANY Case No. 01-01139 (JFK) DRINKER BIDDLE & REATH LLP				
DAVID P PRIMACK Class 9 General Unsecured Claims				
		, STE 1000		, , , , , , , , , , , , , , , , , , ,
MILMING	ION, DE	19801-1254		
Please read the instructions accompanying this Ballot before completing the Ballot. Print Clearly.				
Item 1.	PRINCIPAL AMOUNT OF GENERAL UNSECURED CLAIM. The undersigned			
	certifies that as of March 11, 2009 (the "Voting Record Date"), the undersigned was the			
	Holder, or had the authority to vote for the Holder, of a General Unsecured Claim in the amount set forth below.			
	Amount of your claim for voting purposes only: \$ 1.00.			
Item 2.	VOTE C	N THE PLAN	The undersign	ed Holder of the General Unsecured Claim in the
Ittin 2.				Il of its Claim to (check one box only):
	ACCEPT the Plan			
	☐ AC	CEPI the Plan		
	RE.	JECT the Plan		
Please note: If you vote to accept the Plan, you will be deemed to have given the specific releases set forth in Section 8.8.7 of the Plan.				
Item 3. TELEPHONE NUMBER / AUTHORIZATION				
Ttom 5.			,	,
Telephone Number:				
Cicphone Patrioci.				
Name of Signatory (if different from claimant):				
If by Authorized Agent, Title or Agent:				
•				
Item 4.	ACKNOWLEDGEMENTS AND CERTIFICATIONS. By signing and returning this Ballot, you make the following acknowledgements and certifications:			
(i)	I have been provided with a copy of the Plan, the Disclosure Statement, the Exhibit Book, the Voting Procedures, and the exhibits thereto; and			
<u>.</u>				
(ii)	I was the Holder of a General Unsecured Claim, as defined in the Plan, as of the Voting Record Date or I have the authority, under applicable law, to vote to accept or reject the Plan			
	on behalf of a Holder of a General Unsecured Claim as of the Voting Record Date.			
Item 5. SIGNATURE AND DATE:				
icom J.	DIGITAL	CIED IN ID DIA	12.	
Signature of Claimant or Authorized Agent Date				
Item 6. ADDRESS CORRECTIONS, IF ANY (PRINT CLEARLY)				
Name				
Address 1				
Address 2				
City. State and ZIP Code (US)				

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